

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 3-1-04.

The IRO reviewed unlisted neuromuscular procedure and somatosensory testing on 3-19-03 and 4-16-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 6-3-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Codes 95935-27 billed for date of service 3-19-03 was denied as "F" – this charge exceeds the fee schedule. Requestor billed for 4 units and requestor states on their table of disputed services that the carrier paid for 2 units. However, the EOB and the carrier's position statement, indicate that all four units were paid. Therefore, no dispute exists.

Code 95904-27 billed for date of service 4-16-03 was denied as "N". Per Rule 133.304(c), the carrier did not provide sufficient explanation to allow the sender to understand the reason(s) for the carrier's denial. Requestor billed for 12 units and carrier paid for 8 units. Requestor is seeking reimbursement of the additional 4 units. Per CPT descriptor, nerve conduction testing (sensory nerves) is reimbursed per nerve, not per multiple sites on the same nerve. Therefore, no additional reimbursement recommended.

Code 95900-27 billed for date of service 4-16-03 was denied as "N". Per Rule 133.304(c), the carrier did not provide sufficient explanation to allow the sender to understand the reason(s) for the carrier's denial. Requestor billed for 10 nerves and carrier paid for 4 nerves. Requestor is seeking reimbursement of the additional 6 nerves. Per CPT descriptor, nerve conduction testing (motor nerves) is reimbursed per nerve, not per multiple sites on the same nerve. Therefore, no additional reimbursement recommended.

The above Findings and Decision is hereby issued this 1st day of November 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

May 11, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-1964-01
IRO Certificate No.: 5055

Dear Ms. Lopez:

____ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's.
Carrier's correspondence and treating doctor's letter of medical necessity.
Four abstracts regarding treatment in dispute.
H&P and office notes 03/11, 03/17, 03/31 & 04/07/03.
Electrodiagnostic study 04/16/03 & 03/19/03.
MRI cervical spine w/o contrast 03/31/03, MRI lumbar spine 03/14/03.

Clinical History:

This female patient received examinations and therapy after being injured at work on ____.

Disputed Services:

Unlisted neuromuscular procedure and somatosensory testing on 03/19/03 and 04/16/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and testing in dispute as stated above was not medically necessary in this case.

Rationale:

Neither the doctor's letter of February 24, 2004 nor his treatment notes give any basis to support the medical necessity of the treatment/examinations in question. Moreover multiple research abstracts from peer-reviewed journals fully supported the position that the treatment was medically unnecessary.

Sincerely,